

EXHIBIT 15



Doctor warns of epidemic of opioid addiction in Arkansas

LITTLE ROCK — Like the rest of the nation, Arkansas is experiencing an epidemic of addiction to opioids, or drugs that act on the nervous system to relieve pain, a University of Arkansas for Medical Sciences professor told a state legislative panel Monday.

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LITTLE ROCK — Like the rest of the nation, Arkansas is experiencing an epidemic of addiction to opioids, or drugs that act on the nervous system to relieve pain, a University of Arkansas for Medical Sciences professor told a state legislative panel Monday.

Dr. G. Richard Smith, a professor of psychiatry, internal medicine and public health at UAMS, told a joint meeting of the House and Senate committees on public health, welfare and labor, “We have a national and state epidemic of opioid overuse, abuse and related deaths.”

Smith noted that one of the epidemic’s recent victims was music superstar Prince, who died earlier this year from an overdose of the opioid fentanyl.

According to a report Smith authored and presented to the panel, the National Institute on Drug Abuse has reported that deaths from prescription opioid overdoses and heroin overdoses have been increasing in the U.S. since 2001.

The U.S. Centers for Disease Control and Prevention has estimated that in 2013 the death rate in Arkansas from opioid poisoning, including overdoses, was about 3.6 per 100,000 people, or about 108 people. The number likely is higher than that because in some opioid-related deaths coroners may not have identified opioid poisoning as the cause, he said.

Smith said the CDC has estimated that for every death from opioid poisoning there are 10 treatment admissions, 32 emergency room visits, 130 people who abuse or are dependent on opioids and 825 non-medical users of the drugs.

"These medications, which have very good use in acute pain, are getting distributed far and wide and are problematic," he said.

Among the states, Arkansas is slightly below the middle in prescription opioid overdoses, Smith told the panel.

"The costs are enormous," he said. "That includes lives, disability, health care, criminal justice — it just goes on and on."

The recommendations in Smith's report — which he said are his alone and not UAMS' — included creating more treatment programs, changing state law to allow more flexibility in the use of data from the state Prescription Drug Monitoring Program, strategic use of "moderate" state resources to address the problem and encouragement of cooperation from organizations around the state.

"When you have groups ... that say, 'Well, you know, this is not a big deal, we don't want to do that, we don't want to participate,' that should not be OK," he said.

Smith urged lawmakers not to delay in taking action.

"We can address this, and we need to address it now. We don't need to be waiting another five years to begin to seriously address this," he said.

Sen. Keith Ingram, D-West Memphis, asked whether the quantities of prescriptions being written and pills being dispensed are a problem. Smith said they are.

"We have way too many people in the state, in my opinion, in the state that are receiving chronic opioid treatment for chronic pain. Opioids have not been shown to be effective for the treatment of chronic pain," he said.

Smith also said a doctor may write a prescription for 30 pills simply for convenience's sake, so the doctor can go a month without having to prescribe for the patient again.

Talking to reporters, Smith said the legislation that created the Prescription Drug Monitoring Program was crafted to track the prescription and dispensing of drugs while protecting patients' privacy. A doctor cannot use the program to see what other doctors are prescribing, and the state cannot give feedback to doctors about their prescribing practices, he said.

"It looks like enabling legislation may be necessary in order to be able to do that," he said, adding that as the program exists now, doctors' participation is purely voluntary.